## , 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## DOCUMENT # A9800000993

1. Entity Name
BAYOU ASSOCIATES LIMITED

Principal Place of Business 1751 MOUNO STREET SARASOTA, FL 34236 Mailing Address 711 S. OSPREY AVE STE. 1 SARASOTA, FL 34236 FILED Apr 24, 2006 08:00 AN Secretary of State



## DO NOT WRITE IN THIS SPACE

04112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0834705

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, MINDY 711 S. OSPREY AVE STE. 1 SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

		i
8. The above the obliga	e named entity submits this statement for the purpose of changing it tions of registered agent.	s registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		
	Signature, typed or printed name of registered agent and title if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$90	0.00
	A GENERAL PARTNER THAT IS A BUSINESS EI NOTE: General Partners MAY NOT be changed on it	NTTY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. the form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
BOCUMENT ≠	P98000036698	U00000532096
NAME	B K ENTERPRISES OF SARASOTA, INC.	05/06/06-80067-013 500.00
STREET ADDRESS	711 S. OSPREY AVE	03/ 00/ 00 100 1 1 2 300 10
CITY-ST-ZIP	SARASOTA, FL 34236	<b>j</b>
DOCUMENT #		
NAME		į –
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		7
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		I DO NOT MULLE
	<del></del>	IN THIS COACE
DOCUMENT #		1 IN THIS SPACE

TAPLE CHECK HERE

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
DOCUMENT #
NAME
STREET ADDRESS
STREET ADDRESS
STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIG	ΝΑΊ	rua	E:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER

4119/6

941-954-4047